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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Majchrzak et al.

Title:

FOOD CONTAINER

Application No.:

To be determined

Filing Date:

To be determined

Examiner:

To be determined

Art Unit:

To be determined

Attorney Docket No.:

032016-0128

Mail Stop **PATENT APPLICATION**Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Michael Majchrzak 2522 S. 29th Street Milwaukee, Wisconsin 53215

Allan Witt 2585 Eagle Ridge Lane Lenoir, North Carolina 28645

David Rolston 8411 N. Indian Creek Parkway Milwaukee, Wisconsin 53217 [X] Applicants claim small entity status under 37 C.F.R. § 1.27.

Enclosed are:

- [X] Application Data Sheet (37 C.F.R. § 1.76) (3 pages).
- [X] Specification, Claim(s), and Abstract (15 pages).
- [X] Formal drawings (5 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9).
- [X] Executed Declaration and Power of Attorney (6 pages).
- [X] Information Disclosure Statement (2 pages).
- [X] Form PTO/SB/08 with copies of 3 listed reference(s).
- [X] Petition to Make Special Under 37 C.F.R. § 1.102(c) (2 pages).
- [X] Statement of Facts in Support of Petition to Make Special Because of Applicant's Age (M.P.E.P. § 708.02) (1 page) with notarized copy of Applicant's Birth Certificate (1 page).

The filing fee is calculated below:

-		Includ	ed					
	Claims	in		Extra				Fee
	as Filed	Basic F	ee	Claim	s	Rate		Totals
Basic Fee						\$770.00	=	\$770.00
Total Claims:	41	- 20	=	21	x	\$18.00	=	\$378.00
Independents:	8	- 3	=	5	x	\$86.00	=	\$430.00
If any Multiple Dependent Claim(s) present: + \$290.00							=	\$0.00
						SUBTOTAL:	=	\$1578.00
[X] Small Entity Fees Apply (subtract ½ of above):							=	\$789.00
					TOTA	L FILING FEE:	_=	\$789.00

- [X] Check No. 13562 in the amount of \$789.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Jan 23, 2004

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